PTO/SB/05 (01-04)

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UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	I-2-0087.4US
First Inventor	Fatih M. Ozluturk
Title	CIRCUIT AND SOFTWARE FOR GENERATING A STREAM CIPHER
Evoress Mail I ahal No	EV 442788465 US

	Express Mail Label No. 11 1121 35 153 55				
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450				
1.	P.O. Box 1450 Alexandria VA 22313-1450 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Reader Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper				
- Detailed Description	c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS				
- Claim(s)	ACCUMENTING APPLICATION PARTS				
Prior application information: Examiner Jean B. Corrielu For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the 5b. Is considered a part of the disclosure of the accompanying continuation	ation-in-part (CIP) of prior application No.: 10/201,831 Solution Art Unit: 2631 The prior application, from which an eath or declaration is supplied under Box				
The incorporation can only be relied upon when a portion has been inadver	tently omitted from the submitted application parts.				
19. CORRESPONI	DENCE ADDRESS				
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Name (Print/Type) Jeffrey M, Glabloki	, , , , , , , , , , , , , , , , , , , ,				
Signature ////////////////////////////////////	Date 3/18/04				

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PTO/SB/17 (10-03)
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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Name (Print/Type)

Signature

Jeffrøy M. Glabicki

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Complete if Known				
Application Number	Not Yet Known			
Filing Date	Not Yet Known			
First Named Inventor	Fatih M. Ozluturk			
Examiner Name	Not Yet Known			
Art Unit	Not Yet Known			
Attorney Docket No.	I-2-0087.4US			

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)							
Check Credit card Money Other None			3. ADDITIONAL FEES							
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		d to: (check all			1053	130	1053		Non-English specification For filing a request for ex parte reexamination	
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Charge fee to the above-id		below, except	for the filing	fee	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
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1001 770	2001 365	Utility filing		770.00	1401	330	2401		Notice of Appeal	
1002 540	2002 170	Design fili Plant filing	_		1402	330	2402		Filing a brief in support of an appeal	
1003 530	2003 203				1403	290	2403		Request for oral hearing	
		Reissue fi	•	——		1.510	1451	-	Petition to institute a public use proceeding	
1005 160	2005 80		al filing fee		1452	110	2452		Petition to revive - unavoidable	
		SUBTOTAL	. (1) (\$) 7	70.00			2452			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				1,330 1,330	2501		Petition to revive - unintentional			
		Extra Clair	Fee fro ns <u>below</u>		1501	480	2502		Utility issue fee (or reissue) Design issue fee	
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Large Entity	Small Ent	titv			1806	180	1806		Submission of Information Disclosure Stmt	
Fee Fee	Fee Fe	e <u>Fee De</u>	escription						Recording each patent assignment per	
Code (\$) 1202 18	Code (\$ 2202	-	excess of 20		8021	40	802		property (times number of properties)	
1201 86	2201	43 Independ	ent claims in e	excess of 3	1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1203 290			lependent clai		1810-	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1204 86	2204		ie independen iginal patent	t claims	1801	770	2801	385	Request for Continued Examination (RCE)	
1205 18	2205		e claims in ex		1802	900	1802	900	Request for expedited examination	
and over original patent				Other	fee (sp	ecify)		of a design application		
SUBTOTAL (2) (\$) 0.00							Filina F	ee Paid SUBTOTAL (2) (6) 0.00		
**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00										
SUBMITTED BY (Complete (if applicable)) Name (Print/Type) Inffraty M. Clabicki Registration No. 42 594 Telephone 215 569 6400										
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Date